

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>81</i>	<i>AWM</i>	<i>1/26/99</i>
O.I.P.E. CLASSIFIER	<i>BD</i>	<i>8</i>	<i>7/26/99</i>
FORMALITY REVIEW		<i>CCRS</i>	<i>9/5/99</i>

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
1	<i>1/2/99</i>
2	<i>1/9/99</i>
3	<i>1/17/99</i>
4	<i>1/20/99</i>
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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